

Psychosocial support among refugees of conflict in developing countries: a critical literature review

Article (Accepted Version)

Alfadhli, Khalifah and Drury, John (2016) Psychosocial support among refugees of conflict in developing countries: a critical literature review. *Intervention*, 14 (2). pp. 128-141. ISSN 1571-8883

This version is available from Sussex Research Online: <http://sro.sussex.ac.uk/id/eprint/61670/>

This document is made available in accordance with publisher policies and may differ from the published version or from the version of record. If you wish to cite this item you are advised to consult the publisher's version. Please see the URL above for details on accessing the published version.

Copyright and reuse:

Sussex Research Online is a digital repository of the research output of the University.

Copyright and all moral rights to the version of the paper presented here belong to the individual author(s) and/or other copyright owners. To the extent reasonable and practicable, the material made available in SRO has been checked for eligibility before being made available.

Copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational, or not-for-profit purposes without prior permission or charge, provided that the authors, title and full bibliographic details are credited, a hyperlink and/or URL is given for the original metadata page and the content is not changed in any way.

Psychosocial support among refugees of conflict in developing countries: a critical literature review

Khalifah Alfadhli & John Drury

Key implications for practice

- Refugees of conflicts in developing countries suffer more from secondary stressors than from trauma
- Refugees have intrinsic psychosocial support mechanisms to respond to these stressors.
- Shared social Identity plays an important role in these mechanisms.

Abstract

The aim of this paper is to examine the psychosocial needs and stressors among refugees of conflicts in developing countries, and their group-based social support mechanisms. A systematic literature search of peer reviewed journal articles (n = 60 articles) was carried out using the following factors: type (refugee); cause (conflicts); location (developing countries). As refugees move towards a prolonged urban displacement phase, needs and stressors become different than those of the acute phase. Daily stressors affect far more people than are affected by PTSD, but many psychosocial support interventions focus simply on the latter. Positive effects of social support on the mental health of displaced people are established; the process is not clear, yet group processes and identities seem to be important. We therefore suggest that the social identity approach can be applied to understand the emergence of a common refugee identity and its role in empowerment through activating social support networks.

Keywords: collective resilience, refugees of conflict, social identity, psychosocial support, secondary stressors, daily stressors.

Introduction

The aim of this paper is to examine the psychosocial needs and stressors among refugees of conflicts in developing countries, and their group-based social support mechanisms, with a view to developing a social psychological analysis of the process. We carried out a systematic review of the literature on refugees' stressors and coping and identified two dominant approaches to understanding and intervention: the trauma focused approach and the psychosocial support approach. Refugees face a wide range of different everyday stressors quite different from the primary stressors and threats that forced them to take refugee status. However, the literature also points to some important coping mechanisms which are based on group processes and identity, which have been somewhat neglected in humanitarian initiatives.

The paper starts with an overview of the dimensions of the forced displacement situation and response efforts, including the recent history of humanitarian guidelines in relation to psychosocial needs, and will then explain the methodology of the systematic review. The findings of the review suggest very strongly the vital role played by identity and group processes in mutual psychosocial support among refugees. We therefore argue the need for future research on psychosocial support among refugees to draw upon ideas from the social identity approach in social psychology.

Global overview of forced displaced people

The UNHCR global trends report for the year 2014 shows that around 60 million people are forcibly displaced, 86% of which are in developing countries (United Nations High

Commissioner for Refugees [UNHCR], 2015). The global distribution of refugees is highly unstable where numbers and ranks change fast (Quosh, Eloul, & Ajlani, 2013). The main reason for fleeing is threat to personal safety in addition to other reasons, as data from 129 countries between 1946-1989 showed that conditions in the destination also affect the decision to flee one's home, where refugees were found to prefer the country with more democracy (Davenport, Moore, & Poe, 2003). Adhikari (2012) using official records, found other factors affecting the decision to flee, such as economic and physical conditions in addition to the presence of social networks.

Mental health and psychosocial needs in the humanitarian literature

The 1990s witnessed a rise of intense armed conflicts around the world (Themne´r & Wallenstein, 2012) which led to the emergence of new conflict-related specialities and research fields that attracted a large number of professionals (Agier, 2002). These conflicts posed huge challenges to international institutions, which responded with more coordination and collaborations and the production of guidelines and criteria for humanitarian work.

Thus the Sphere guidelines book (Humanitarian Charter and Minimum Standards in Humanitarian Response) was established in 1997 to provide standard criteria to the humanitarian field. It includes five main categories of criteria (protection, water and sanitation, food and nutrition, shelter and health) and gives a great deal of attention to the psychosocial needs of populations affected by disasters or conflicts (Sphere, 2011, p. 56).

A decade after the start of the Sphere project, a new project emerged dedicated to the psychosocial needs of affected populations in emergency settings. The Inter-Agency Standing Committee (IASC) guidelines (2007) defines *emergencies* as 'situations arising from armed conflicts and natural disasters - including food crises - in which large segments of populations

are at acute risk of dying, immense suffering and/or losing their dignity.’ (p. 17), and defines mental health and psychosocial support as ‘any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder’ (IASC, 2007, p. 1).

These previous humanitarian guides emphasise the need to ‘promote self-help, coping and resilience among affected people’ (Sphere, 2011, p. 17), and suggest that ‘in most emergency situations, significant numbers of people exhibit sufficient resilience to participate in relief and reconstruction efforts’ (IASC, 2007, p. 10). However, these guides were not focused on the setting of prolonged forced displacement due to armed conflict, which is the concern of this review.

Method

Data search

Six data-bases were used (Web of Science, Scopus, ASSIA, IBSS, PsychInfo and PsychArticles) with the following search strings: [postwar OR refugee* OR war OR disaster OR displace* OR conflict OR asylum) AND TS=(cope OR coping OR trauma* OR distress* OR stress* OR needs OR empower* OR support* OR psychosoc* OR social OR group OR resilience OR identity OR "well being" OR vulnerab* OR "collective action") AND TS=("refugee*") Refined by: *TOPIC:* (refugee*)]. The search was conducting within English language literature papers published between 1980 and 2014.

Inclusion and exclusion criteria

Due to the inter-disciplinary nature of the field of study (anthropology, psychology, sociology, psychotherapy, public administration, public health, epidemiology, politics and international law) the initial search yielded a considerable number of results that did not fall in

the scope of this review. To filter that diverse literature, we used a number of criteria. The population of interest for this review are refugees of conflicts who are located in developing countries. So the filtration process excluded any works that solely discussed internally displaced people (IDPs), refugees of natural disasters or refugees in developed countries (e.g., from North America, Western Europe and Australia). However, the review included some literature that used mixed samples of refugees and IDPs. Developing countries were defined using the UN country classification under the “Developing economies” category (United Nations, 2015).

We acknowledge that internally displaced people share with refugees many conditions and problems. However, we chose to focus on refugees in this paper because refugees are a distinct group with specific problems of registration.

Screening and selection

The first stage of literature screening and selection search yielded 1280 results, of which 270 were identified as duplicates and removed. The second stage involved screening the titles and abstracts using the inclusion and exclusion criteria, which decreased the numbers of results to 299. The third stage of screening was done using full text in-depth examination using the inclusion and exclusion criteria, which decreased the number to 49 results. Due to the nature of this review which gives attention to international documents essential to understand the study topic, an additional 11 external results were added to the review pool in the final stage, from Google Scholar, credible international NGOs’ reports and guidelines, and expert recommendations.

This review included a diverse literature from different areas and conflicts discussing typical situations for refugees of conflicts in developing countries. The assumption is that, as well as specific experiences, refugees of conflicts share a similar situation. Therefore, the

stressors that have been described are assumed to be typical or reflect typical situations (there was nothing in these studies to highlight exceptional situations). On finishing gathering the sample, we then organized the literature according to five themes and a number of sub-themes, as shown in Table 1.

Insert *Table 1. Results overview* about here

1. Mental health and psychosocial support

Effects of war on mental health

There is a considerable social cost to forced displacement that needs specialized professional services in the humanitarian field (Harding & Libal, 2012). Roberts and Browne's (2011) literature review showed a strong negative influence of forced migration on mental health, and found that mental health risk factors for populations affected by war in low/middle income countries are different from those who are in high income countries. A meta-analysis of 56 reports on mental health among forced-displaced people showed that socio-political conditions affect the mental health of refugees, and humanitarian intervention to address these effects does have a positive outcome (Porter & Haslam, 2005). These effects could explain why substance abuse was found to be common in some communities of refugees of conflict (Ezard, 2012).

There are two main approaches to the psychological wellbeing of populations affected by armed conflict settings. The clinical trauma-focused approach is based on clinical intervention and targets war-related traumatic experiences as sources of distress. On the other hand the psychosocial support approach attributes distress to the accumulation of life hassles that are not necessarily war-related, and advocates relief by reducing these stressors along with building capacity for self-recovery (Miller & Rasmussen, 2010).

Trauma focused approach

Refugees of conflict are exposed to a variety of traumatic experiences, which led many research and intervention programmes that target this population to focus on post-traumatic stress disorder (PTSD) as the main mental health concern (Jordans, Semrau, Thornicroft, & van Ommeren, 2012). Research also shows a relation between leaving one's country during war and serious long-term psychological problems (Hunt & Gakenyi, 2005). However, while PTSD treatment is well established in the general population, a review of ten PTSD treatment trials on refugees and asylum seekers could not find solid evidence to support such treatment (Crumlish & O'Rourke, 2010). Moreover, although there is a need for specialized PTSD services among refugees, such services are not always available (Bader et al., 2009).

A study of refugee populations in Jordan and Nepal suggests that the effect of traumatic past experiences on distress is complex; the research found a mediating effect of perceived daily stressors on the effect of exposure to war mental health (Miller & Rasmussen, 2010). These findings should bring more attention to the role of daily stressors on mental wellbeing of refugees of conflicts.

The psychosocial support approach

Psychosocial interventions come in many forms and scales, and the services provided through these interventions vary from basic relief services (shelter, food and health) that can be provided by the average relief worker and target most of the affected population, to specialized clinical services that target specific cases (IASC, 2007, p. 12)

After the invasion of Iraq in 2003, UNHCR started a community outreach initiative in Syria whereby 180 Iraqi refugee volunteers participated in bridging the gap between the

organization and the refugees' community through community networking, which provided support to around 6,000 refugees every month (Mirghani, 2013).

Psychosocial support interventions can extend beyond emergency stages as in an example from South Africa where in 2008 xenophobic violence forced refugees to leave their homes. The Lefika La Phodiso organisation offered counselling and debriefing for the refugees in camps; after the shutdown of the camps they worked on turning the community from being a threat to a source of support by training teachers on diversity and discrimination, in addition to organizing exhibitions of art works made by affected persons and showing encounters of violence (Atlas, 2009).

Another example comes from the Karen Burman refugees in Thailand who built an effective and sustainable community-based health care system that uses traditional practices to deal with physical and psychosocial problems among refugees (Bodeker & Neumann, 2012). Research on refugees of conflict also reveals the natural psychosocial support that exists among the affected population that has an impact on their mental health. For example, it was found that among Guatemalan refugees in south Mexico, women who lack or have weak support from natural social networks are the most vulnerable and show traumatic stress symptoms (Warner, 2007).

2. Needs of refugees of conflicts

Different phase, different needs

Although one might think displacement is an escape from insecurity and instability, refugees in underdeveloped areas often find themselves replacing old insecurity and instability with new forms of it (Moulin, 2010). As protracted displacement is becoming more common, it

constitutes more than half of the total number of people that fall under the concern of UNHCR (UNHCR, 2012).

Sphere was designed based on evidence from the acute phase of emergencies, whereas the majority of the refugees live in a post-emergency situation, which is characterized by different problems and needs than the emergency itself (McDougal & Beard, 2011). Examples of such problems can be found in the Afghan Daily Stressors Scale, which includes overcrowded housing, poverty, unemployment, the security situation, violence in the home, poor health and pollution (Panter-Brick, Eggerman, Mojadidi, & McDade, 2008). El-Shaarawi (2012) found that needs of Iraqi refugees in Egypt included: accessibility to work, education and health care, and their problems included social isolation and separation from family and friends, and decline in living standards. They also experience a status of uncertainty because they considered their residence in Egypt as temporary while waiting for returning home or resettlement, but found it extended for several years because both options proved inaccessible. Iraqi refugees reported suffering from mental health problems as a result of this status of instability. Sometimes refugees suffer stress due to the new environment as in the case of students from Darfur who reported that using the transportation system in Sudan and getting directions was challenging (Badri, den Borne, & Crutzen, 2013). They also reported that losing their family social relations made them feel lonely, while dealing with a new culture made them feel like strangers. In such situations, cultural competence approach interventions proved beneficial, like the nine-steps psychosocial programme applied to Sudanese refugees in Uganda and returnees in Cambodia (Eisenbruch, de Jong, & van de Put, 2004).

Role of daily stressors

Miller and Rasmussen (2010) make the case that, due to the dominance of trauma-focussed approaches in the field, the research has narrowed the investigation of the impact of violence on mental health until recently when researchers added daily stressors to the equation. These recent studies showed that the direct effect of exposure to violence was overestimated, and that PTSD prevalence can be reduced by attending to the daily stressors, which suggests a mediating effect of daily stressors on the relation between war related violence and mental health. However, the mediation model is not comprehensive, since daily stressors are found to have an effect on mental health independent from war-related violence (Miller & Rasmussen, 2010).

3. Labels and Categories

Due to increased globalization, the movement of forced displaced people is no longer limited to the south; governments of the north took over producing the labels for categories of refugees, instead of humanitarian non-governmental organisations working on the ground, as used to be the case (Zetter, 2007). The definition of 'refugee' developed to include new emerging situations after 1945. Some of these situations were unique enough to create a sub-definition and category like 'natural refugee' (Marshall, 2011). The problem of such categories is that they assume a common vulnerability among the population and seek needs-based top down interventions that ignore the unique capacities and resilience of the affected groups; this stigmatizes the population by looking on them as helpless dependent victims (Gupte & Mehta, 2009). On the other hand, a deeper look would be beneficial for understanding issues like efforts to govern refugee camps and what makes the refugee community cooperate or resist in reaction to different approaches that seek control over refugees or empower them to be active agents (Bulley, 2014).

Registration

Refugees usually acquire documents at border points indicating that they are *asylum seekers*, but they do not qualify for the *refugee* status until they go through a bureaucratic process that could extend to several months (Alsalem & Riller, 2013). After acquiring the official status of *refugee*, many refugees from developing countries apply for resettlement in developed countries (e.g., USA, Australia and Canada). The importance of having official refugee status could explain why preparing for UNHCR application was one of the top priorities for refugees as shown in a needs assessment done by a major organisation in Cairo, as undocumented refugees receive less help and face more serious problems (Briant & Kennedy, 2004). Jordan did not sign the 1951 UN refugee convention, which led to the registration of only 10% of the Iraqi refugee population in Jordan in 2009, estimated at around half a million (Almakhamreh & Hundt, 2012). Also most of the Middle East countries hosting large numbers of refugees do not officially recognize them as refugees (Mowafi, 2011). In Thailand, there are 18,400 refugees in addition to more than two million other migrants, many of them meet the criteria to be granted official status of refugee, but don't get it for legal reasons (Bodeker & Neumann, 2012).

The bureaucratic tool of the international humanitarian system manage the refugees regardless of their histories, fears, hopes and desire for freedom. Franke (2009) suggests that such unjust conditions push refugees to manipulate the registration process in negotiation to improve their position, a process that sometimes involves the local authority who inflate the numbers of refugees in order to get more humanitarian aid for their region. While cheating in normal settings is considered selfish and against the common benefit, in the case of refugees it is a normal expected behaviour because failing to do it could lead to social sanctions. Cheating (e.g., multiple registrations and giving inaccurate information) can take the form of a collective

action whereby the refugees make joint efforts to achieve a goal, creating negotiation leverage with non-government organisations that have far more resources (Kibreab, 2004). Such understanding of the power imbalance created by unequal resources should give us a rational understanding of refugees' behaviour (collective action), avoiding subjective interpretations that explain their behaviour (like manipulation) motives as simply selfish and anti-social.

Being registered as a refugee is not the answer to the refugees' problems; Bradley (2014) argues that focusing on refugees as if they were 'stateless' could lead to considering them as rightless, while instead we should consider them as citizens with rightful claims against their country. Kibreab (2003) suggests 'belonging' as an alternative approach to refugee situation, where they are giving the opportunity to re-establish a sustainable livelihood, instead of the approach that treats them as temporary guests which disempowers the refugees and prevents the host country from benefiting from their capacities.

4. Refugees' identity

Emergence of an identity

Moulin (2010) described the shared identity that can emerge from being refugees, using interviews with refugees in Brazil who were from different categories (undocumented vs asylum seekers) and different stages (new arrivals versus applying for permanent-residence). She found that they share the same situation of *refugeeness* (i.e. condition of being a refugee) and common perception of assistance they receive from the local authorities. Exclusive social activities in exile also plays a role in that process, like Sudanese alcohol *Aragi* consumption spaces which are forbidden for Egyptian locals; at the same time it includes a wide array of Sudanese and provides a symbolic element of building refugees' identity through an exclusive social interaction space of insiders' social networks (Curley, 2009). Another process that contributes to the construction of

refugee identity is a narrative of personal history. This way the refugees go through a process of identity re-negotiation in order to connect their painful experiences with the present, and exceed their personal consciousness to become part of collective memory that shapes the *refugee* identity (Buyer, 2008).

Exile as alternative home

Most refugees leave their home as a temporary solution with the intention of returning after a short time, but in many cases they end up spending many years in exile. In these cases, exile becomes an alternative home that does not replace the original. This is shown clearly in the case of hundreds of thousands refugees from Azerbaijan who spent twenty years in Armenia where the majority of them resisted the settling option (Felke, 2010). The division of Cyprus is also a good example where attachment of people to their old homes lasted over decades and affected their perception of their current homes as they still don't see themselves as the 'real owners' (Bogac, 2009).

Even in the case of refugee camps that are not meant to be permanent, refugees accumulate memories and relations of support which intertwine to create a sense of home. An extreme example of the temporary case where the host and the refugees both refuse to integrate, but nevertheless the *temporary* home had meaning comes from the work of Ramadan (2014) who studied Nahr al-Barid refugee camp in Lebanon that used to host 35,000 Palestinian refugees who lived in it for decades before it got destroyed by Lebanese government forces in 2007, in the aftermath of armed clashes with militant groups from the camp. To the Palestinians, the destruction of the camp meant a destruction of an alternative home and made them re-live the tragedy of losing the mother home Palestine. Nahr al-Barid refugee camp suffered from serious problems like poverty and restrictions of rights. However, interviews with former residents of the

camp showed overwhelming positive images of the camp, which reveals how they valued the camp and felt their loss (Ramadan, 2014). Part of the function of refugee camps as an alternative home is to preserve identity; it was found that refugees settling individually in towns have a weak ethnic identity compared to their peers who are settled in refugee camps (Agier, 2002).

Negotiating identity and solidarity

Music and dance are used to express identity and solidarity but also involve a negotiation of competing and overlapping identities. Sudanese refugees who include minorities of Madi and Latuko who adopted the Acholi majority's language, which is the language of cultural activities in the camps, like the dances and songs (Kaiser, 2006). Songs and dance can also have a role in solidarity as in the case of fourth generation of Palestinian refugees who use traditional dancing (dabkah) to express identity and thus create a sense of belonging. This ritual music performance - usually played at weddings and which sometimes includes hundreds of dancers - helps address the social fragmentation caused by displacement (Van Aken, 2006). Palestinians in Lebanon still live in refugee camps which are considered sites of making the Palestinian identity for six decades. A Palestinian refugee expressed this by saying 'If people don't live in the camp, they'll forget Palestine. But inside, people talk about Palestine, returning to Palestine,' (Ramadan, 2014, p. 55). The camp gave the shattered Palestinian refugees the chance to some extent reunite by gathering on the base of village of origin in specific camp or a section of the camp that sometimes hold the name of original village (Ramadan, 2014).

A good example of identity-based solidarity is found in Lebanon in the case of undocumented Bedouins who don't have access to the official citizen-based health care system; in this case, the tribal social networks offered health care support (cash money hand-outs, loans, payment for medical bills, transportation and calls for blood donation) that extend across the

Syrian borders (Chatty, Mansour, & Yassin, 2013). Another example comes from Thailand where Vietnamese social networks offered the refugees agency in spite of the policy constraints (Palmgren, 2013).

Coping and identity

Displacement by definition includes a break from the familiar cultural context, which leads to reconstruction of displaced people's perception of their self, community and the world. Refugees have coping mechanisms to decrease the impact of displacement by making their new environment as familiar as possible. One way of doing that is to use the physical environment to create continuity with refugees' past, which gives them a sense of home. Refugees actively and creatively make sense of their new physical world by production of objects like food and textiles associated with pre-exile life, in order to create feeling of *home* (Dudley, 2011). Karenni refugees in Thailand did this by building their homes and growing vegetables and cooking them in a traditional way (Dudley, 2011).

Role of religion

There is some literature (e.g., Fiddian-Qasmiyeh, 2011) that has examined the faith-based organizations working with forced displaced people in comparison to secular organization in the field. Faith-based organizations can play an important role in refugees' life, like in the case of Karen refugees in Thailand whose religious practices helped refugees to better adaptation by bringing the community together and creating a place of familiarity (Rangkla, 2013). Another example is the case of Iraqi refugees in Syria who used religious institutions and their networks to build a livelihood in exile (Zaman, 2012).

Religion affects refugees and hosting communities not only through faith-based organizations. Admirand (2014) examined the narrative of migration and displacement in the

holy books of Judaism, Christianity and Islam to identify the related hospitality traditions in these religions with the hope to use it to inspire ethical immigration and displacement policies. Other researchers have focused on religion's role by examining how the influx of huge numbers of Syrian refugees in Jordan affected the role of religious interpretations in maintaining the resilience of the charity system (Groot, 2014).

5. Critiques of mental health and psychosocial interventions

Lack of evidence for interventions

One theme that was evident in the literature was the argument that there is a lack of empirical evidence for mental health and psychosocial support interventions and initiatives. Put simply, the methods have not yet been systematically evaluated. This led a working group formed by the 2009 Harvard Humanitarian Action Summit to reach a consensus that 'The absence of relevant research on mental health and psychosocial support in emergency settings is unethical' (p. 220). In most cases, those applying mental health and psychosocial support initiatives also do prior assessment and later evaluation which creates credibility issues (Allden et al., 2009).

Concentration on needs

The needs-based approach to deal with forced displaced populations is creating dependency, while at the same time it fails to meet the minimum needs of these people. One example is providing the affected population with calorie-based portions rather than quantity portions of aid, which are consumed fast, especially with no land to farm. Another example is introducing services like schools, which creates more expenses to people who own nothing. All this creates an imbalance of resources that facilitates exploitation (e.g. sex) of the population by some humanitarian workers with large amounts of resources (Ferris, 2007).

Excessive targeting

Due to the scarce resources in emergencies and wars, many of the donors and field actors prefer to focus on specific vulnerable groups, which leads to excessive targeting. One example is the case of child soldiers in Liberia who received far more aid and money than their communities, who then reacted negatively toward them considering what the child soldiers received as blood money (Wessells, 2009).

Political agenda

Breslau (2004) makes an argument that the narrative component of PTSD appeals to the international health field as it connects the symptoms to prior specific events; it also feeds into one of the sources of legitimacy of the international humanitarian system which is trauma discourse, and sometimes serves the political agendas of some groups. He gives an example from Nepal where the government treated PTSD in cases of refugees as evidence of torture done by the government of Bhutan, especially regarding the fact that the Nepalese government played a role in selecting the torture victims in the interventions.

Western individual-focused approach

Individual-focused western psychology is not equipped for response to emergencies where the damage to the social structure of communities and support networks exceed personal losses (Wessells, 2009). Another problem is the lack of cultural sensitivity, which could lead to unintended harm. One example is the case of Iraqi refugees in Jordan who found it hard – due to social stigma – to seek professional mental health help (Almakhamreh & Hundt, 2012).

Discussion and conclusions

This literature review reveals that needs of refugees and their problems extend beyond the direct effect of war to the hassles of daily life, especially in the case of prolonged displacement. 'Daily stressors' is a term widely used in the literature (Miller & Rasmussen, 2010) ; yet we suggest that the concept of *secondary stressors* (Lock et al., 2012) could be adapted to better describe the group of chronic stressors that refugees of conflict faces during prolonged displacement that are not directly attributable to war, but are a socially mediated consequence for displaced people in developing countries. However, the secondary stressors typology was developed for natural disasters, and so it needs to be adapted accordingly or a new one developed that fits conflict settings.

The clinical approach (focusing on PTSD) is important, but we need to give more attention to the other less developed approaches like psychosocial support interventions in regard to the effect of secondary stressors on the mental health of refugees. The literature emphasises the positive effect of communal response among refugees on mental health wellbeing, which poses a challenge as 'In most emergencies, there are significant disruptions of family and community networks due to loss, displacement, family separation, community fears and distrust'(IASC, 2007, p. 12). The literature review included cases where there was evidence of intrinsic psychosocial support mechanisms among refugees responding to these stressors, in which identity as a member of a group or community played an important role. However, the process was not clear.

A related literature has investigated the process of social identity-based social support in mass emergency settings using the social identity approach (Tajfel & Turner, 1979) in social psychology, and specifically self-categorization theory (SCT; Turner, Hogg, Oakes, Reicher, & Wetherell, 1987). Thus a study of the London bombings in 2005 found that shared social identity

was the basis of support behavior among strangers (Drury, Cocking, & Reicher, 2009). In such studies, it appears that seeing oneself as a member of an affected community can create expectations of support which turn individuals into active agents capable of giving help and coordinating with others to achieve common goals (Drury, Brown, González, & Miranda, 2015; Williams & Drury, 2009). This analysis of the role of identities and groups in dealing with stress and creating wellbeing is part of the wider ‘social cure’ approach (Jetten, Haslam, & Haslam, 2012) of applied social psychology, some of which has been translated into field guides that takes this capacity for informal collective resilience into consideration in emergency humanitarian planning (North Atlantic Treaty Organization [NATO], 2008).

Given the prominence of evidence of informal group-based coping and the importance of communities, groups and identities in dealing with secondary stressors in the findings of this review, we suggest using the social identity approach to shed light on the role of collective coping processes and psychosocial support shared among refugees of conflict. Finally, we also suggest that such a development could help us to improve the effectiveness of some interventions that currently target the second level of intervention in the IASC pyramid of intervention (community and family support), that aims to use the capacities of the community (IASC, 2007). Understanding groups of refugees in social identity terms could help both explain and boost the collective resilience of such groups.

References

* Indicates article included in the systematic review

- *Adhikari, P. (2012). The plight of the forgotten ones: Civil war and forced migration. *International Studies Quarterly*, 56(3), 590–606.
- *Admirand, P. (2014). The ethics of displacement and migration in the Abrahamic faiths: Enlightening believers and aiding public policy. *Journal of Ethnic and Migration Studies*, 40(4), 671–687.
- *Ager, M. (2002). Between war and city. Towards an urban anthropology of refugee camps. *Ethnography*, 3(3), 317–341.
- *Allden, K., Jones, L., Weissbecker, I., Wessells, M., Bolton, P., Betancourt, T. S., ... Sumathipala, A. (2009). Mental health and psychosocial support in crisis and conflict: Report of the mental health working group. *Prehospital and Disaster Medicine*, 24(2), s217–s227.
- *Almakhamreh, S., & Hundt, G. L. (2012). An examination of social work interventions for use with displaced Iraqi households in Jordan. *European Journal of Social Work*, 15(3), 377–391.
- Alsalem, R., & Riller, F. (2013, October 3). UNHCR slashes waiting time, clears backlog of Syrian registrations in Jordan. Retrieved February 8, 2016, from <http://www.unhcr.org/524d5e4b6.html>
- *Atlas, M. (2009). Experiencing displacement: Using art therapy to address xenophobia in South Africa. *Development*, 52(4), 531–536.
- *Bader, F., Sinha, R., Leigh, J., Goyal, N., Andrews, A., Valeeva, N., ... Doocy, S. (2009). Psychosocial health in displaced iraqi care-seekers in non-governmental organization clinics in Amman, Jordan: An unmet need. *Prehospital and Disaster Medicine*, 24(4), 312–320.
- *Badri, A., den Borne, H. W., & Crutzen, R. (2013). Experiences and psychosocial adjustment of Darfuri female students affected by war: An exploratory study. *International Journal of Psychology*, 48(5), 944–953.
- *Bodeker, G., & Neumann, C. (2012). Revitalization and development of Karen traditional medicine for sustainable refugee health services at the Thai-Burma border. *Journal of Immigrant & Refugee Studies*, 10(1), 6–30.
- *Bogac, C. (2009). Place attachment in a foreign settlement. *Journal of Environmental Psychology*, 29(2), 267–278.
- *Bradley, M. (2014). Rethinking refugeehood: statelessness, repatriation, and refugee agency. *Review of International Studies*, 40(1), 101–123.
- *Breslau, J. (2004). Cultures of trauma: Anthropological views of posttraumatic stress disorder in international health. *Culture, Medicine and Psychiatry*, 28(2), 113–126.

- *Briant, N., & Kennedy, A. (2004). An investigation of the perceived needs and priorities held by African refugees in an urban setting in a first country of asylum. *Journal of Refugee Studies*, 17(4), 437–459.
- *Bulley, D. (2014). Inside the tent: Community and government in refugee camps. *Security Dialogue*, 45(1), 63–80.
- *Buyer, M. (2008). Negotiating identity and displacement among the Somali refugees of Cape Town. *South African Historical Journal*, 60(2), 226–241.
- *Chatty, D., Mansour, N., & Yassin, N. (2013). Statelessness and tribal identity on Lebanon's eastern borders. *Mediterranean Politics*, 18(3), 411–426.
- *Crumlish, N., & O'Rourke, K. (2010). A Systematic review of treatments for post-traumatic stress disorder among refugees and asylum-seekers. *The Journal of Nervous and Mental Disease*, 198(4), 237–251.
- *Curley, B. (2009). Siting Sudanese-ness: Territory, practice, and identity in aragi. *Refuge*, 26(2), 183–190.
- *Davenport, C. A., Moore, W. H., & Poe, S. C. (2003). Sometimes you just have to leave: Domestic threats and forced migration, 1964-1989. *International Interactions*, 29(1), 27–55.
- Drury, J., Brown, R., González, R., & Miranda, D. (2015). Emergent social identity and observing social support predict social support provided by survivors in a disaster: Solidarity in the 2010 Chile earthquake. *European Journal of Social Psychology* doi: 10.1002/ejsp.2146
- Drury, J., Cocking, C., & Reicher, S. (2009). The nature of collective resilience: Survivor reactions to the 2005 London bombings. *International Journal of Mass Emergencies and Disasters*, 27(1), 66-95.
- *Dudley, S. (2011). Feeling at home: Producing and consuming things in Karenni refugee camps on the Thai-Burma border. *Population, Space and Place*, 17(6), 742–755.
- *Eisenbruch, M., de Jong, J. T. V. M., & van de Put, W. (2004). Bringing order out of chaos: A culturally competent approach to managing the problems of refugees and victims of organized violence. *Journal of Traumatic Stress*, 17(2), 123–131.
- *El-Shaarawi, N. (2012). *Living an uncertain future: An ethnography of displacement, health, psychosocial well-being and the search for durable solutions among iraqi refugees in egypt*. (Doctoral dissertation). Available from PsycINFO. (Order No. AAI3497652)
- *Ezard, N. (2012). Substance use among populations displaced by conflict: A literature review. *Disasters*, 36(3), 533–557.
- * Felke, T. P. (2010). *It's been twenty years: The case of ethnic armenian refugees from nagorno-karabakh and azerbaijan* . (Doctoral dissertation). Available from PsycINFO. (Order No. AAI3420202)
- *Ferris, E. G. (2007). Abuse of power: Sexual exploitation of refugee women and girls. *Signs*, 32(3), 584–591.
- *Fiddian-Qasmiyeh, E. (2011). Faith-based humanitarianism in contexts of forced displacement. *Journal of Refugee Studies Vol.*, 24(3), 429–439.
- *Franke, M. F. N. (2009). Refugee registration as foreclosure of the freedom to move: The virtualisation of refugees' rights within maps of international protection. *Society and Space*, 27(2), 352–369.

- Groot, L. (2014). The logic of generosity in times of crisis. Faculty of Humanities. (Unpublished Master thesis). Utrecht University, Utrecht, Netherlands.
- Gupte, J., & Mehta, L. (2009). Disjunctures in labelling refugees and oustees. In R. E. Joy Moncrieffe (Ed.), *The Power of Labelling* (pp. 64–79). Earthscan.
- *Harding, S., & Libal, K. (2012). Iraqi refugees and the humanitarian costs of the Iraq war: What role for social work? *International Journal of Social Welfare*, 21(1), 94–104.
- *Hunt, N., & Gakenyi, M. (2005). Comparing refugees and nonrefugees: The Bosnian experience. *Anxiety Disorders*, 19(6), 717–723.
- Inter-Agency Standing Committee (2007). *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*. Geneva: Inter-Agency Standing Committee.
- Jetten, J., Haslam, C., & Haslam, S. A. (Eds.). (2012). *The social cure: Identity, health and well-being*. London: Psychology Press.
- *Jordans, M. J. D., Semrau, M., Thornicroft, G., & van Ommeren, M. (2012). Role of current perceived needs in explaining the association between past trauma exposure and distress in humanitarian settings in Jordan and Nepal. *British Journal of Psychiatry*, 201(4), 276–281.
- *Kaiser, T. (2006). Songs, discos and dancing in Kiryandongo, Uganda. *Journal of Ethnic and Migration Studies*, 32(2), 183–202.
- *Kibreab, G. (2003). Displacement, host governments' policies and constraints on the construction of sustainable livelihoods. *International Social Science Journal*, 55(175), 57–67.
- *Kibreab, G. (2004). Pulling the wool over the eyes of the strangers: Refugee deceit and trickery in institutionalized settings. *Journal of Refugee Studies*, 17(1), 1–28.
- Lock, S., Rubin, G., Murray, V., Rogers, M., Amlôt, R., & Williams, R. (2012). Secondary stressors and extreme events and disasters: a systematic review of primary research from 2010-2011. *PLOS Currents*, (4), 1–16.
- *Marshall, L. W. (2011). Toward a new definition of 'refugee': Is the 1951 convention out of date?, 37(1), 61–66.
- *McDougal, L., & Beard, J. (2011). Revisiting Sphere: New standards of service delivery for new trends in protracted displacement. *Disasters*, 35(1), 87–101.
- *Miller, K. E., & Rasmussen, A. (2010). War exposure, daily stressors, and mental health in conflict and post-conflict settings: Bridging the divide between trauma-focused and psychosocial frameworks. *Social Science & Medicine*, 70(1), 7–16.
- *Mirghani, Z. (2013). Healing through sharing: An outreach project with Iraqi refugee volunteers in Syria. *Intervention*, 11(3), 321–329.
- *Moulin, C. (2010). Border languages: Rumors and (dis)placements of (inter)national politics. *Alternatives*, 35(4), 347–371.
- *Mowafi, H. (2011). Conflict, displacement and health in the Middle East. *Global Public Health*, 6(5), 472–87.

North Atlantic Treaty Organization (2008). *Psychosocial care for people affected by disasters and major incidents*. Brussels: NATO.

*Palmgren, P. A. (2013). Irregular networks: Bangkok refugees in the city and region(1). *Journal of Refugee Studies*, 27(1), 21–41.

Panter-Brick, C., Eggerman, M., Mojadidi, A., & McDade, T. W. (2008). Social stressors, mental health, and physiological stress in an urban elite of young Afghans in Kabul. *American Journal of Human Biology*, 20(6), 627–641.

*Porter, M., & Haslam, N. (2005). Predisplacement and postdisplacement factors associated with mental health of refugees and internally displaced persons: A meta-analysis. *The Journal of the American Medical Association*, 294(5), 602–612.

*Quosh, C., Eloul, L., & Ajlani, R. (2013). Mental health of refugees and displaced persons in Syria and surrounding countries: A systematic review. *Intervention*, 11(3), 276–294.

*Ramadan, A. (2014). In the ruins of Nahr Al-Barid: Understanding the meaning of the camp. *Journal of Palestine Studies*, 40(1), 49–62.

*Rangkla, P. (2013). Refuge and emplacement through Buddhism: Karen refugees and religious practices in a northwestern border town of Thailand. *The Asia Pacific Journal of Anthropology*, 14(1), 8–22.

*Roberts, B., & Browne, J. (2011). A systematic review of factors influencing the psychological health of conflict-affected populations in low- and middle-income countries. *Global Public Health*, 6(8), 814–29.

Sphere. (2011). *Sphere Handbook: Humanitarian Charter and Minimum Standards in Disaster Response* (3rd ed.). Sphere Project.

Tajfel, H., & Turner, J. (1979). An integrative theory of intergroup conflict. In W. G. Austin & S. Worchel (Eds.), *The social psychology of intergroup relations* (pp. 33-97). Monterey, CA: Brooks-Cole.

Themne´r, L., & Wallensteen, P. (2012). Armed conflicts, 1946–2011. *Journal of Peace Research*, 49(4), 565–575.

United Nations High Commissioner for Refugees. (2012). *The state of the World's Refugees: In Search of Solidarity*. Oxford : Oxford University Press.

United Nations High Commissioner for Refugees. (2015). *World at war: UNHCR global trends : Forced displacement in 2014*. Geneva: UNHCR.

United Nations. (2015). *World economic situation and prospects 2015*. United Nations Pubns.

*Van Aken, M. (2006). Dancing belonging: Contesting dabkeh in the Jordan Valley, Jordan. *Journal of Ethnic and Migration Studies*, 32(2), 203–222.

*Warner, F. R. (2007). Social support and distress among Q'eqchi' refugee women in Maya Tecun, Mexico. *Medical Anthropoligy Quarterly*, 21(2), 193–217.

Wessells, M. (2009). Do no harm: Toward contextually appropriate psychosocial support in international emergencies. *American Psychologist*, 64(8), 842–854.

Williams, R., & Drury, J. (2009). Psychosocial resilience and its influence on managing mass emergencies and disasters. *Psychiatry*, 8(8), 293–296.

*Zaman, T. (2012). Jockeying for position in the humanitarian field: Iraqi refugees and faith-based organisations in damascus. *Disasters*, 36(Supp. 1), S126–S148.

*Zetter, R. (2007). More labels, fewer refugees: Remaking the refugee label in an era of globalization. *Journal of Refugee Studies* Vol., 20(2), 172–192.

Khalifah H. Alfadhli is a social psychology PhD student at University of Sussex, UK, and a teaching assistant at the Psychology Department, King Saud University, KSA.

Email: alfadhli@ksu.edu.sa

John Drury is Reader in Social Psychology at University of Sussex, UK